

Budget Detail Work Sheet
 (Year 2)
 (July 1, 2006 – June 30, 2007)

Personnel

<u>Position Title and No of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>	
	\$ _____		\$ _____	
	\$ _____		\$ _____	
	\$ _____		\$ _____	
Total Personnel				\$ _____

Fringe Benefits (___ % of applicable Personnel)

\$ _____

Operating Expenses

<u>Expense Description</u>	<u>Cost</u>	
	\$ _____	
	\$ _____	
	\$ _____	
Total Operating		\$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
Total Equipment				\$ _____

Travel

\$ _____

Subcontracts

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontracted Project (If Subcontractor is unknown):

\$ _____

Total Subcontracts \$ _____

Other Costs

<u>Item Description</u>	<u>Cost</u>	
	\$ _____	
	\$ _____	
Total Other Costs		\$ _____

Indirect Costs (___%** of Personnel including benefits)

\$ _____

**Cannot exceed 22%.

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.